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## UTILITY PATENT APPLICATION TRANSMITTAL

Attorney Docket No.	R0152B-REG
First Inventor	Repke, David Bruce et al.
Title	Quinolinone Derivatives and Uses of
Express Mail Label No.	ER 818 814 869 US

Only for n	new nonprovisional a	ipplications under 3	37 C.F.R. 1.53(B)) Expre	SS Wall Label No.	EK	010 014 009 0		_ <u>&amp;</u> ×			
APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents.				ADDRESS TO:  Mail Stop Patent Application Commissioner for Patents P.O. Box 1450							
1. X 2. X 3. X	Fee Transmittal (Submit an original ar Applicant claims See 37 CFR 1.2 Specification (preferred arrange - Descriptive tille o - Cross Reference - Statement Regar	Form (e.g., PTO ad a duplicate for fee p s small entity stat 7.  [To ment set forth below to Related Application ding Fed sponsore	o/SB/17) rocessing) us. otal Pages 61 ] w) tions d R & D	Alexandria VA 22313-1450  7. CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)  8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)  a. Computer Readable Form (CRF)  b. Specification Sequence Listing on:  i. CD-ROM or CD-R (2 copies); or  ii. paper  c. Statements verifying identity of above copies							
	or a computer pro - Background of th - Brief Summary of	f the Invention of the Drawings ( if	dix	ACCOMPANYING APPLICATIONS PARTS  9. Assignment Papers (cover sheet & document(s))  10. String Power of (when there is an assignee)  Attorney							
	- Claim(s) - Abstract of the Di			11. 🗌 Er	nglish Tra	anslation Docu	ment (if applicable)				
a. D b. i i. 6. A 18. If a CC or in an A Prior a	DELETION Signed statemenamed in the properties of the properties o	irior application (3 ation/divisional wife application, (3 ation/divisional wife application, see 1.33(b). heet. See 37 CF. CATION, check application application application. Examination in Examination and Examination application (5 at 10 ation).	ith Box 18 completed) R(S) g inventor(s) 37 CFR FR 1.76 propriate box, and supply R 1.76: Continuation-in-part ation(s):	12.  Information Disclosure							
	plication claims I1, 2003.	the benefit und	der title 35 U.S.C. 11	9(e) of U.S. P	rovisior	nal Applicatior	No. 60/453,574, filed	t			
			19. CORRESPON	IDENCE ADDR	RESS						
☑ Customer Number or Bar Code Label (Insert Customer No. or Atta				- —	el here)	or 🗆 Co	rrespondence address belo	w			
Name		Grant D. Green ROCHE PALO ALTO LLC									
Address		Patent Law Dept., M/S A2-250				24372					
	3431 Hillvie		PATENT TRADEMARK OFFICE								
City	Palo Alto				CA Zip Code 94304						
Country	U.S.A.		Telephone	650/ 855-53	11	Fax	650/ 855-5322				
Name (	'Print/Type)	Robert C. H	all, phone 650/2	54/1540	Regist	ration No.	39,209				
Signatu	ıre	1 / 4	1/4/- 1 1N	, 0		Date	March 10, 2004				

This collection of information is required by 37 CFR 1.53(b). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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## Complete if Known FEE TRANSMITTAL **New Application** Application Number for FY 2004 herewith Filing Date Repke, David Bruce et al. First Named Inventor Effective 01/01/2003. Patent fees are subject to annual revision. **Examiner Name** Applicant claims small entity status. See 37 CFR 1.27

					Art Unit			unassigned			
TOTAL AMOUNT OF PAYMENT (\$) 1.184.00				Attorney Docket No. R0152B-REG							
ME	THOD OF PAYMENT (ch	eck all that apply)					FEE C	ALCULATION (co	ontinued)		
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Account	18-1700			1051	130	2051	65	-	filing fee or oath		
Number				1052	50	2052	25	or cover sheet.	provisional filing fee		
Deposit	Roche Palo Alto	LLC		1053	130	1053	130	Non-English spe			
Account	3431 Hillview Av	renue		1812	2,520	1812	2,520		est for reexamination		
Name	Palo Alto, CA 94			1804	920*	1804	920*	Requesting publ Examiner action			
The Director is authorized to: (check all that apply)  ☐ Charge fee(s) indicated below ☐ Credit any overpayments				1805	1,840*	1805	1,840*	Requesting publ Examiner action	ication of SIR after		
	ditional fee(s) during the indicated below, except		cation	1251	110	2251	55	Extension for re	ply within first month		
	tified deposit account.	tor the ming lee		1252	410	2252	205	Extension for rep	ply within second		
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		cription		1255	1,970	2255	985	Extension for rep	ply within fifth month		
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1001 770	Utility fili	ng fee 770	.00	1402	320	2402	160	Filing a brief in s	support of an appeal		
1002 330	Design fi			1403	280	2403	140	Request for oral	hearing		
1003 520	Plant filia	ng fee		1451	1,510	1451	1,510	Petition to institu proceeding			
1004 750		filing fee		1452	110	2452	55	Petition to revive	- unavoidable		
1005 160	Provision	nal filling fee		1453	1,300	2453	650	Petition to revive	- unintentional		
SUBTOTAL (1) (\$) 770				1501	1,300	2501	650	Utility issue fee (or reissue)			
	00D101A2(1)	[_ <del>(\$) / /</del>		1502	470	2502	235	Design issue fee			
2. EXTRA CLAIN	/ FEES			1503	630	2503	315	Plant issue fee			
	Extra		ee	1460	130	1460	130	Petitions to the 0	Commissioner		
Total Claims 43	Claims		aid 14	1807	50	1807	50	-	under 37 CFR 1.17 (q)		
Independent 2	=		_	1806	180	1806	180	Stmt	nformation Disclosure		
Claims Z Multiple	-3 ** = 0	x 86 = 0 x = 0		8021	40	8021	Recording each patent assignment 40 per property (times number of properties)				
Dependent  Large Entity	ı Small Entity	^[		1809	750	2809	375	Filing a submiss (37 CFR § 1.129	ion after final rejection		
Fee Fee	Foe Fee	Description .		1810	750	2810	375	, ,	nal invention to be		
Code (\$)	Code (\$)							examined (37 Cl	FR § 1.129(b))		
1202 18		ms in excess of 20	- 6.0	1801	750	2801	375	Request for Contin	ued Examination (RCE)		
1201 86		ependent claims in excess		1802	900	1802	900	Request for exped	ited examination		
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SUBMITTED BY		7		<u> </u>				Com	plete (if applicable)		
Name (Print/Type)	Robert C. H	Hall do	Registrat	tion No.	/ 39	9,209		Telephone	650/ 354-754	0	
Signature / // ( / /					Date March 10, 20					04	